



REGISTRATION FORM

Town of Edgewood

1911 Old Hwy 66, P.O. Box 3610 Edgewood, NM 87015

Parks & Recreation Classes and Workshops

Name _____
(Parent/Guardians name if participant under 18 years of age)

Street Address _____

City _____

State _____

Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____

Emergency Contact Name _____

Emergency Phone Number _____

Participant Name	Age	Class Name	(A) Cost per person per class	(B) # of classes attending	Total= (A) times (B)

Payment Method:

Cash _____
Check _____ (enclosed) \$ _____ # _____

Total Fees:

Attach additional registrations on separate sheet if necessary

Waiver of Liability: By my signature below, I acknowledge that there are inherent risks and dangers associated with recreation programs and therefore, I hold the Town of Edgewood harmless from all claims of injury, damage, or loss which may result from my, or my children's participation in the program(s) listed above.

Signature _____ Date _____
(parent/guardian signature if participant is under 18 years of age)